FROM : MEMBIELA AND ASSOCIATES FAX NO. : 305 567 0564

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90123 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115524

1. Entity Name
Universal Properties, Inc.

DO NOT WRITE IN THIS SPACE

90018495

2. Principal Place of Business	3. Mailing Address
15205 SW 216 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33170 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1158721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Luis Carrillo
Street Address (P.O. Box Number is Not Acceptable): 15205 SW 216 ST
Miami Fl
City FL Zip Code 33170

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ____________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD, VTD, DV, S
NAME	LUIS E. CARRILLO
STREET ADDRESS	15205 SW 216 ST.
CITY-ST-ZIP	Miami, Fl. 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #